

471-000-504 Nebraska Medicaid Practitioner Fee Schedule for Ambulance Services

HCPSC procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPSC procedure code definitions, refer to the CMS website at <http://www.cms.hhs.gov>. HCPSC procedure code manuals are available through private vendors.

For billing instructions, please see Appendix 471-000-53 at <http://www.dhhs.ne.gov/reg/appx/471-000-53.pdf>.

Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

CODE	MOD	DESCRIPTION	PA	COMMENTS	MEDICAID ALLOWABLE
000A0420		AMBULANCE WAITING TIME (ALS OR BLS), ONE-HALF HOUR INCREMENTS			\$15.21
000A0424		EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)			
000A0425		GROUND MILEAGE, PER STATUTE MILE			\$5.23
000A0426		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	X		\$319.41
000A0427		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 - EMERGENCY)			\$319.41
000A0428		AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	X		\$127.76
000A0429		AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)			\$156.66
000A0430		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)			
000A0431		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)			
000A0433		ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)			\$319.41
000A0434		SPECIALTY CARE TRANSPORT (SCT)			\$319.41
000A0435		FIXED WING AIR MILEAGE, PER STATUTE MILE			\$10.64
000A0436		ROTARY WING AIR MILEAGE, PER STATUTE MILE			\$21.29
000A0888		NON-COVERED AMBULANCE MILEAGE, PER MILE (E.G. FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)			
000A0999		UNLISTED AMBULANCE SERVICE		Requires documentation	

BR (By Report) – Paid at “reasonable charge” based on the service and circumstances.